

Foster Family Home - Corrective Action Report

Provider ID: 1-562927

Home Name: Arlene Villar, RN

94-1094 Puloku Street

Waipahu

HI 96797

Review ID: 1-562927-5

Reviewer: Sue Lo

Begin Date: 4/3/2018

End Date: 4/13/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/3/2018.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) Lapsed on eCrim due on/before 7/14/15 was done on 9/8/17 for CG#4.

7.1.(a)(2) Lapsed on Adult Protective Services/ Child Abuse Neglect (APS/CAN) due on/before 2/22/18 was done 4/20/18 for CG#4.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f) TB clearance screening done on 2/28/18 but no proof of positive/negative TB skin test results present in the home for HHM#3.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ARLENE VILLAR dba Villar's Foster Home

CCFFH Address: 94-1094 PUNAKU STREET WAIKAKAHI HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)(2)	lapse cannot be fix	4-3-2018	Understand background check should be done every other year before due date. Will log requirements due date in a calendar planner and will check @ the beginning of each month. Calendar planner is located in front of PCG binder
41.(F)	Proof of positive/negative TB clearance obtained from household member #3 - file in home binder	11/6/2000	<p>→ Proof of TB clearance for positive/negative results will be kept in PCG binder @ all time</p>

Primary Caregiver's Signature: _____

Arlene Villar

Print Name: _____

ARLENE VILLAR

Date of Signature: _____

04/3/18